

JOINT LEGISLATIVE OVERSIGHT COMMITTEE



County Consolidation of Health and Human Services *Authority via H438*

Sherry Bradsher

Deputy Secretary for Human Services

April 17, 2014



Service Delivery Models for Public Health and Social Services

- **Traditional Service Delivery**
- **Contracting Services**
- **Regional Approach**
- **Consolidated Governance and Administration –
Human Services Agency**
- **Consolidated Governance – County Commissioners
Serving as the Social Services Board**



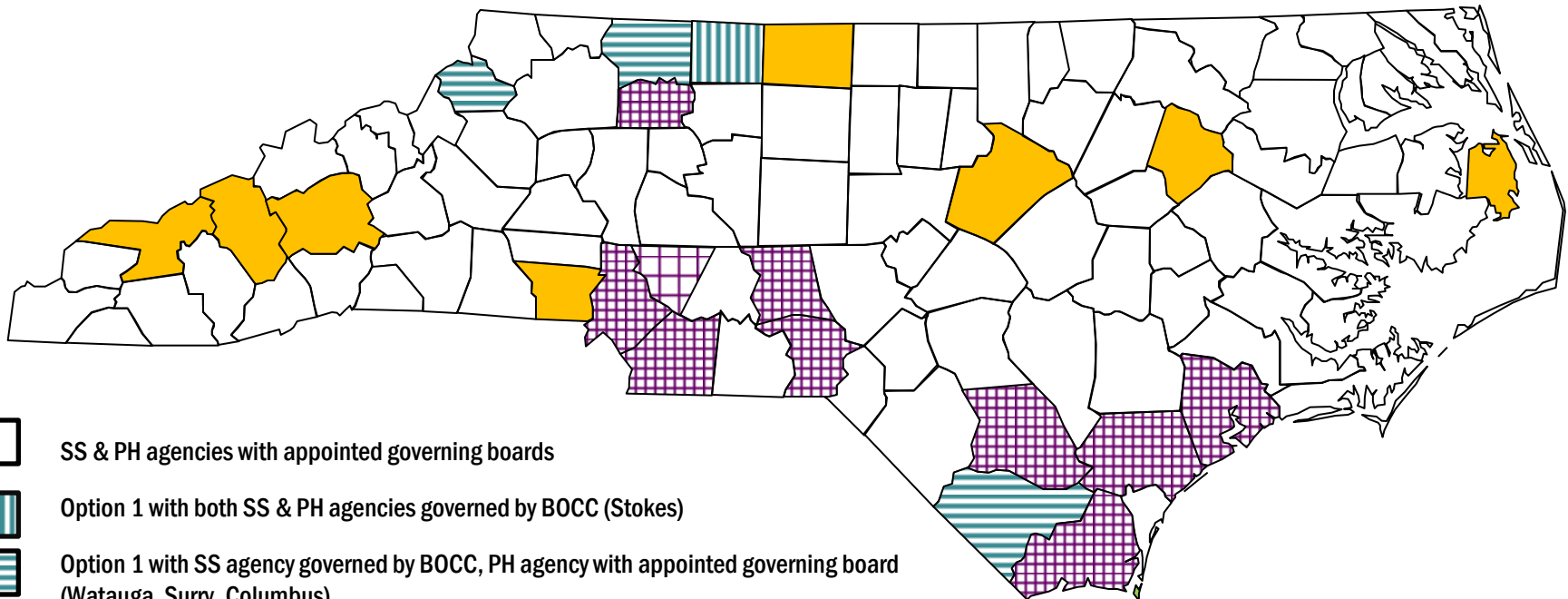
Counties Gained New Authority in 2012

- **H438 removes population threshold & enables option for consideration by all counties**
- **H438 puts safe guards in place & offers additional flexibility to counties to organize**
 - Requires advisory “health board” if Board of Commissioners assumes powers & duties
 - Requires position to meet “health director” qualifications
 - Restructures county Consolidated Human Services Board in light of mental health reform
 - Allows counties to keep “consolidated” employees under State Personnel Act
 - Clarifies that county Human Resource policies must comply with federal merit requirements
 - Requires Maintenance of Effort for public health expenditures



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

County HS Organization and Governance February 2014



SS & PH agencies with appointed governing boards



Option 1 with both SS & PH agencies governed by BOCC (Stokes)



Option 1 with SS agency governed by BOCC, PH agency with appointed governing board (Watauga, Surry, Columbus)



Option 2 with consolidated HS agency including SS & PH, appointed CHS board (Swain, Haywood, Buncombe, Gaston, Rockingham, Wake, Edgecombe, Dare)



Option 3 with consolidated HS agency including SS & other human services but not PH, governed by BOCC (Cabarrus)



Option 3 with consolidated HS agency including SS & PH, governed by BOCC, health advisory committee (Yadkin, Mecklenburg, Union, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow)



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

County Implementation

County Driven

Supported by: UNC School of Government

County Commissioner's Association

**DHHS: Division of Social Services
Division of Public Health
Controller's Office**

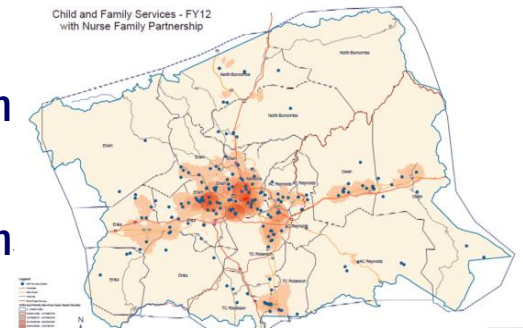


N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

RESULTS TO DATE

Buncombe County – Option 2

- Isolating core services & partnering or contracting with others for service delivery
- Created Human Services Support Team to restructure administrative functions across HHS agencies
 - Finance & budgeting, HR, operations, planning & evaluation
- Integrated lobby/intake of economic services
 - Food stamps, WIC, Medicaid, family planning, immunization
- Focus on prevention
 - Crisis Intervention Team training for law enforcement led to preventing 31,000 arrests
 - Nurse-social work teams for at-risk students to prevent costly placement
- Using GIS to map similar client groups across different programs
- Introducing community service navigators to assist clients for public & non-profit services
- 3-year cost savings, new revenues & cost avoidance = \$12.4 million





N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

RESULTS TO DATE

Rockingham County – Option 2

- Combined environmental health with planning & inspections
- Opened farmers' market
- Created customer call center, relocated eligibility staff to reception, cross-trained all income maintenance staff
- Reorganized all public assistance staff into universal intake & universal certification—one worker handles all benefit programs for family
- Created new Program Integrity unit to pursue fraud cases with Sheriff's deputy assigned to DSS



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

RESULTS TO DATE

Onslow County – Option 3

- Consolidated HS in 2014 budget
- Overall reduction in 18 positions; \$900,000 savings
- Reworking work processes across agencies; e.g., shared phone bank
- DSS grows community resources—outposting universal workers in health, senior services, hospital



Overall Results

**Too early to determine impact on
service delivery in terms of
outcome measures for families and children**